

12-20-02



TO THE ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS

102316876

original documents or copy thereof.

1. Name of conveying party(ies): (If multiple assignors, list numerically)

Orion Research, Inc.

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation
- Other: Fictitious Business Name

Additional name(s) of conveying party(ies) attached?  
 Yes  No

2. Name and address of receiving party(ies):

**Name:** Orion Scientific Systems  
**Internal Address:**  
**Street Address:** 19800 MacArthur Boulevard, Suite 480  
**City:** Irvine **State:** CA **ZIP:** 92715

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation - State of California
- Other:

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No

(Designations must be a separate document from Assignment)  
Additional name(s) and address(es) attached?  
 Yes  No

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other: Fictitious Business Name Statement

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) June 26, 1989

4. Application number(s) or registration number(s):

- a. Trademark Application No(s):
- b. Trademark Registration No:  
1,735,637

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

**Name:** Glen L. Nuttall  
KNOBBE, MARTENS, OLSON & BEAR, LLP  
**Customer No.** 20,995  
**Internal Address:** Fourteenth Floor  
**Street Address:** 2040 Main Street  
**City:** Irvine **State:** CA **ZIP:** 92614  
**Attorney's Docket No.:** ORION.004T

7. Total fee (37 CFR 1.21(h)): \$40

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number: 11-1410

Please charge this account for any additional fees which may be required, or credit any overpayment to this account.

6. Total number of applications and registrations involved: 1

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct, and any attached copy is a true copy of the original document.

Glen L. Nuttall  
Name of Person Signing

Signature

12/16/02  
Date

Total number of pages including cover sheet, attachments and document: 1

Mail documents to be recorded with required cover sheet information to:

12/20/2002 TDIAZ1 00000168 1735637  
01 FC:8521 40.00 DP

U.S. Patent and Trademark Office  
Attn: Assignment Division  
Crystal Gateway-4  
1213 Jefferson Davis Highway, Suite 320  
Arlington, VA 22202

H:\DOCS\GLN\CLN-5867.DOC:dd:121802

LEE A. BRANCH  
COUNTY CLERK  
700 CIVIC CENTER DRIVE, WEST  
P. O. BOX 838  
SANTA ANA, CALIFORNIA 92702

**FILED**

**AUG 31 1989**

GARY L. BRANVILLE, County Clerk  
By 

SEE REVERSE SIDE FOR INSTRUCTIONS

**REMINDER**

1. Submit Original and 3 copies
2. Filing Fee \$10.00 for one business name; \$2.00 for each additional business name.
3. Provide return Envelope, if mailed.

**FICTITIOUS BUSINESS NAME STATEMENT**

THE FOLLOWING PERSON(S) IS(ARE) DOING BUSINESS AS: (TYPE ALL INFORMATION)

Fictitious Business Name(s)

**ORION RESEARCH, INC.**

Street Address, City & State of Principal place of Business in California

Zip Code

~~19800~~ **19800** ~~McArthur~~ **McArthur** ~~Suite~~ **Suite** ~~450~~ **450**  
~~IRVINE, CALIFORNIA~~ **IRVINE** **CALIFORNIA**

**92715**

Full name of Registrant

(if corporation - show state of incorporation)

**ORION SCIENTIFIC SYSTEM**

**California**

Residence Address

City

State

Zip Code

**P.O. Box 4949** **IRVINE** **CALIFORNIA**

**92715**

Full name of Registrant

(if corporation - show state of incorporation)

Residence Address

City

State

Zip Code

Full name of Registrant

(if corporation - show state of incorporation)

Residence Address

City

State

Zip Code

Full name of Registrant

(if corporation - show state of incorporation)

Residence Address

City

State

Zip Code

This business is conducted by ( ) an individual ( ) a general partnership ( ) a limited partnership ( ) an unincorporated association other than a partnership ( ) a corporation ( ) a business trust (CHECK ONE ONLY)

If Registrant a corporation sign below:

Corporation Name **ORION SCIENTIFIC SYSTEMS**

Signature & Title   
**James L. Stinson, President**

(TYPED OR PRINTED)

Signed \_\_\_\_\_

Typed or Printed \_\_\_\_\_

This statement was filed with the County Clerk of Orange County on date indicated by file stamp above.

**CERTIFICATION**

I hereby certify that the foregoing is a correct copy of the original on file in my office.  
Lee A. Branch, County Clerk

By \_\_\_\_\_ Deputy

**E430183**  
TRADEMARK